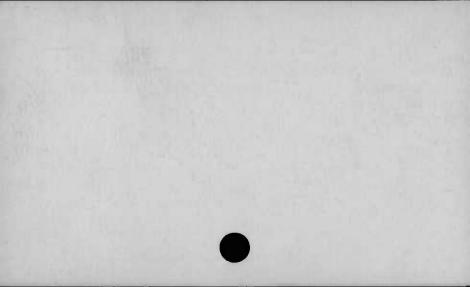
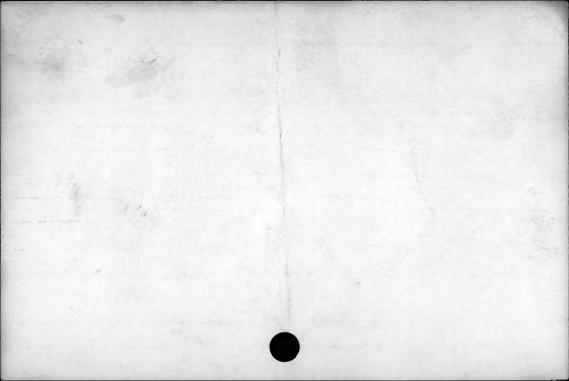
Name in Full CERTIFICATE OF DEATH County MARYLAND Day Months Days Date of death 190 2 Color or Birth-ANSWERED FRIEN Married, Single or Widowed REST Husband TO BE Father's Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OR 2-2-1 Accident or Suicide? LIBRARY BUREAU AS

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Name in Full					Certificate of Death
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Male	White	Married	Widow	Divorced	
Husband of	Goloved	Single	Widowek	Number of child	tren living
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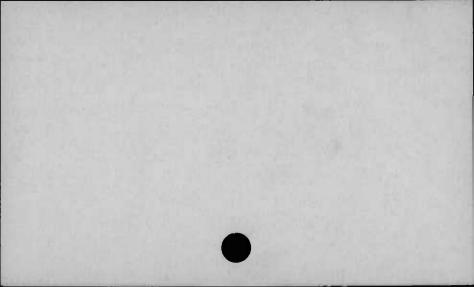
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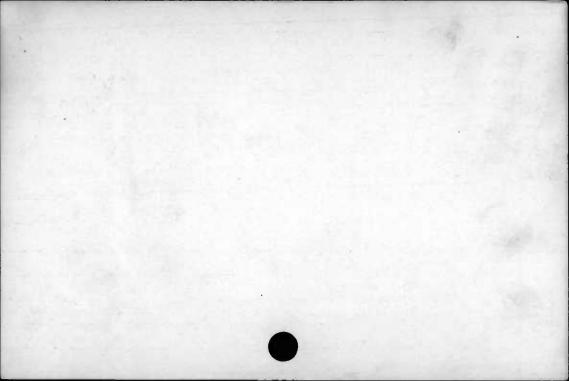
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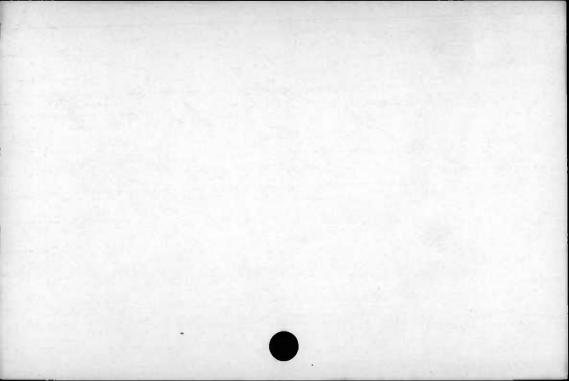
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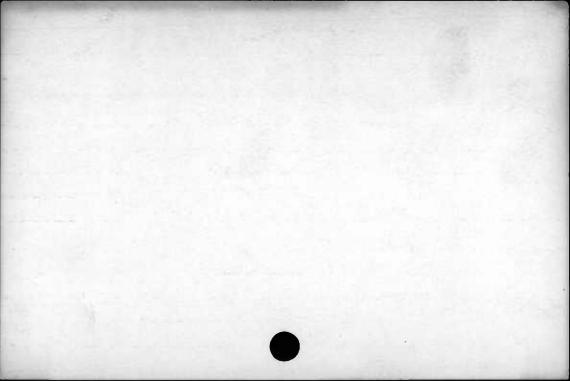
Name	Cololo Ml								
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ED BY	Sex Male				Birth- R	Ridgely			
NSWERED EST FRIEN	Married, Single or Widowed		Occupation		-	0)			
A H	Name of Wife or Husband								
NEA	Pather's arrow Thomas				Father's Rovehester Und.				
10	Mother's Strace May Walker				Mother's Birthplace Lucen Counces Co. Med				
	Mother's Maiden Name Grace May Walker Name of person giving arrow Phomas				How related Hather				
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Name Full CERTIFICATE OF DEATH County A Died at MARYLAND Years Months Days Date of death 190 2 Age 0 Color or ANSWERED FRIEN Race Occupation Married, Single or Widowed REST Name of Wife or Husband NEA 11 Father's Father's Birthplace Name 0 Mother's Mother's Maiden Nama Birthplace Name of person giving How related to deceased in formation CAUSES OF DEATH Primary How long CORONER How lon: PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OC. Accident or Suicide?



Mame in CERTIFICATE OF DEATH Full MARYLAND Months Davs Day Date Age of death 190 2 Color or FRIENI NSWERED Married, Single or Widowed Name of Wife or Husband Œ EA Father's Father's Birthplace, 01 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased Father In formation CAUSES OF DEATH Primary How long censary Tuber culosis ONER How lone PHYSICIAN Immediate. 00 Signature of Are the name, age, sex, color, date CO and place correctly given above? Address 00 Accident or Suicide? LIBRARY BUREAU ASSS16



Name in Full Certificate of Death Date 1902 Male White Number of children living Widower Husband Elizabeth A. molins Wife ohn Woolin Maiden Name Name How long sick Cause of Immediate Paralysis Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

